

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	196141
<015>	Study Area Name	BARC Electric Cooperative
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Mike Keyser
<035>	Contact Telephone Number: Number of the person identified in data line <030>	8008462272 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	MKeyser@barcelectric.com
	Form Type	54.313 and 54.422

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	196141
<015>	Study Area Name	BARC Electric Cooperative
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Mike Keyser
<035>	Contact Telephone Number - Number of person identified in data line <030>	8008462272 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	MKeyser@barcelectric.com

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input checked="" type="radio"/> <input type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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No

**(300) Unfulfilled Service Request
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<300> Unfulfilled service request (voice)

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

<330> Detail on attempts (broadband)

Name of Attached Document

<010>	Study Area Code	196141
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<039>	Contact Email Address - Email Address of person identified in data line <030>	MKeyser@barcelectric.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	No voice services offered
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	No broadband services offered
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

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<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
196141va510.pdf		
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	

(600) Functionality in Emergency Situations		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	MKeyser@barcelectric.com
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	196141va610.pdf

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<030>	Contact Name - Person USAC should contact regarding this data	Mike Keyser
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<039>	Contact Email Address - Email Address of person identified in data line <030>	MKeyser@barcelectric.com

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

[illegible]

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-- See attached worksheet --

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<810>	Reporting Carrier	BARConnects, LLC
<811>	Holding Company	BARC Electric
<812>	Operating Company	BARConnects, LLC

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<039>	Contact Email Address - Email Address of person identified in data line <030>	MKeyser@barcelectric.com

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	MKeyser@barcelectric.com

<1000> Voice services rate comparability certification Not Applicable

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification Not Applicable

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

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<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form

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196141val210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	196141
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Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support
- <2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support
- <2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.
- <2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2024A> Round 2 Recipient of Incremental Support?
- <2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.
- <2025A> Round 1 or Round 2 Recipient of Incremental Support?
- <2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-
- <2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Name of Attached Document Listing
Required Information

Name of Attached Document Listing
Required Information

(2000) Price Cap Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

cap carrier used for capital expenditures in 2015.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
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Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}		
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}		
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	<input type="text"/>
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	<input type="text"/>
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.		<input type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant		<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.		<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	<input type="text"/>

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

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4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission’s public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

No

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

No - No New Anchors

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

196141va4004a.xlsm

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

196141va4004b.pdf

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: BARC Electric Cooperative	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier: 196141	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier
Data Collection Form**

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

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<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<015>	Study Area Name	BARC Electric Cooperative
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020	Program Year	2017
020	Program Name	Program USAC should have tested, regardless of this date.

<035>	Contact Telephone Number - Number of person identified in data line <030>	8008462272 ext.
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				100%	100%	100%	Usage Allowance	Usage Allowance
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[illegible]

BARConnects, LLC

Line 510 – Service Quality and Consumer Protection

BARConnects satisfies all applicable state and federal requirements related to consumer protection and service quality standards, as required by 47 C.F.R. § 54.202(a)(3). BARConnects has a long history of providing its utility customers with a high level of consumer protection and service quality.

The BARConnects network is not yet in service. Once completed, the BARConnects network will provide voice grade access to the public switched network, minutes of use for local service provided at no additional charge to end users, and access to the emergency services provided by local government or other public safety organizations, such as 911, to the extent the local government in an eligible carrier's service area has implemented 911.

BARConnects will implement a system by which the status of a customer's CPNI approval can be clearly established prior to the use of CPNI, and will maintain a policy detailing proper treatment of CPNI and will train all employees according to this policy.

BARConnects, LLC

Line 610 – Functionality in Emergency Situations

The BARConnects network is not yet in service. BARConnects will design and operate its network in manner which allows the company to maintain its service levels and operate during emergency situations. This includes, but is not limited, to the following considerations and plans, each of which is designed to mitigate any issues relating to power outages and other emergency situations:

(i) Back-Up Power. All BARConnects network locations will be provided with on-site battery backup systems capable of providing full operation for a minimum of 24 hours during a loss of commercial utility service. Each location will also be equipped to accommodate a stationary or portable power generator that can be dispatched and maintained in the event a commercial utility outage is expected to last longer than 24 hours. The stationary or portable generators will be pre-staged and staffed locally to reduce the required dispatch time. All generators will be periodically tested to ensure readiness. Fuel sources and fuel storage will be pre-arranged to address extended outages.

(ii) Support Personnel. BARConnects will employ local personnel equipped with emergency training and equipment to respond as needed to network locations during an emergency event. Each network region will be equipped with adequate spares to restore service promptly during an outage.

(iii) Coordination. BARConnects will utilize other competitive network providers and incumbent Local Exchange Carriers to complete voice calls. These carriers employ industry standard practices to deliver emergency 911 and operator traffic during network emergency events. In the event of 911 or Operator call failures, BARConnects' Network Operations Center ("NOC") will be automatically alerted and will take steps to resolve the failures via remote rerouting of the traffic.

(iv) Traffic Spikes During Emergency Situations. BARConnects' network will be engineered to transport IP traffic and will interconnect in at least two locations. In the event of network congestion for any reason, traffic will automatically flow in and out of BARConnects' network under this diverse routing. In catastrophic situations, BARConnects' NOC will be alerted to blocked traffic situations and will have the ability to remotely configure alternate IP traffic routes to mitigate any outage.



BARC Electric Cooperative

P.O. Box 264
Millboro, VA 24460-0264
1 (800) 846-BARC

June 17, 2016

Ms. Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20544

RE: BARC Electric Cooperative Form 481 – Line 1210

Dear Ms. Dortch:

Please accept this letter as certification that BARConnects LLC, a wholly-owned subsidiary of BARC Electric Cooperative ("BARConnects"), has procedures in place to offer Lifeline services as set forth in 47 C.F.R. §54.422(a)(2) once the BARConnects network begins offering service. The following information describes the terms and conditions of the voice telephony service plan that BARConnects will offer to Lifeline subscribers.

For its Wireline Lifeline service, BARConnects will charge subscribers a fee that is yet to be determined. The amount will include all federally mandated charges and access fees, and subscribers will receive unlimited local minutes per month.

To qualify, a subscriber must fill out an application and certify that they meet the federal guidelines; a copy of the currently proposed draft BARConnects application is included on the following pages for your convenience.

Sincerely,

Michael Keyser
CEO & General Manager

Enclosure

BARConnects Lifeline Application

Name: (Please print) Last _____ First _____ Middle _____

Address: (No P.O. Boxes) Street _____ City _____ State _____ Zip _____

Billing address: (if different than above) Street _____ City _____ State _____ Zip _____

Is this address ☐ Permanent ☐ Temporary ☐ Multi-Household Number of people living in your household _____

Telephone # (MUST be in your name) (____) _____ - _____ Date of Birth (xx/xx/xxxx) _____ - _____ - _____

Alternate telephone # where you can be reached (____) _____ - _____ Last 4 digits of SS# or Tribal ID # _____

1. I am currently participating in the following program(s): *Check all that apply.* For verification, please provide proof by sending a copy of the programs benefit statement, notice, letter or other official participation document.* Benefit cards are not accepted. **PHOTOCOPIES ONLY - ORIGINALS WILL NOT BE RETURNED.**

☐ Temporary Assistance for Needy Families (TANF)*

☐ Medicaid*

☐ Supplemental Nutrition Assistance Program (SNAP)
formerly Food Stamps*

☐ Federal Public Housing Assistance (Section 8)*

☐ Low Income Home Energy Assistance Program
(LIHEAP)*

☐ Supplemental Security Income (SSI)*

☐ Bureau of Indian Affairs General Assistance (Tribal
customers only)*

☐ National School Lunch Program's free lunch program*

☐ Food Distribution Program on Indian Reservations (Tribal
customers only)* ☐ Head Start (Income-Based - Tribal
customers only)*

☐ Tribally Administered Temporary Assistance for Needy
Families (Tribal customers only)*

***If the proof that you are sending is not in your name, you MUST fill out the statement below.**

☐ I CERTIFY THAT _____ (name on proof) Date of Birth _____ / _____ / _____
and last 4 of SS# or tribal ID _____ IS A MEMBER OF MY HOUSEHOLD AND IS NOT ALREADY RECEIVING
LIFELINE BENEFITS FROM BARCONNECTS OR ANOTHER COMPANY.

OR 2. ☐ I do not participate in any programs listed in #1 above but my household income is at or below Federal Poverty Guidelines as listed in the chart below. For verification, please provide proof by sending a copy of your most recent: federal or state tax return, income statement or W-2 from an employer, 3 months of pay stubs, Social Security benefit statement, Veteran's Administration benefit statement, retirement/pension benefits statement, divorce decree, Unemployment/Workmen's Compensation benefit statement, child support award, or other legal document that would show total current income. Bank statements are not accepted.

PHOTOCOPIES ONLY - ORIGINALS WILL NOT BE RETURNED.

# of Members in Household	total household annual income must be at or below:
1 member	\$17,505.00
2 members	\$23,595.00
3 members	\$29,685.00
For each additional member	Add \$6,090.00 per person

3. ☐ Senior Discount. Check here if you are 65 or older and wish to also receive an additional \$1.10 monthly Senior Discount. You must provide proof of age (such as a copy of driver's license, State ID or birth certificate) along with this application. This credit will be in addition to your monthly Lifeline credit. Not eligible with Tribal Lifeline discount.

4. ☐ Check this box if you are also an eligible resident of Tribal lands and applying for Tribal Lifeline/Link Up.

IMPORTANT – PLEASE COMPLETE AND RETURN BOTH SIDES

IMPORTANT – PLEASE COMPLETE AND RETURN BOTH SIDES

5. To be completed by ALL customers regardless of your selections in Sections 1 & 2.

I certify under penalty of perjury: *Initial by each Certification line below:*

_____ (1) The information contained in my application remains true and correct to the best of my knowledge and I acknowledge that Lifeline is a federal benefit and that willfully providing false or fraudulent information to receive Lifeline benefits is punishable by law, may lead to fines, imprisonment, de-enrollment and may result in me being barred from the program.

_____ (2) I am a current recipient of the program checked above, or have an annual household income at or below the Federal Poverty Guidelines listed above.

_____ (3) I understand that my household can only have one Lifeline-supported telephone service. BARConnects has explained the one-per household requirement. I understand that violation of the one per household requirement constitutes a violation of the FCC's rules and will result in my de-enrollment in the Lifeline program and could result in criminal prosecution by the United States government.

_____ (4) I attest to the best of my knowledge that neither I nor anyone else in my household receives a Lifeline-supported service from any other landline or wireless company. Household is defined as any individual or group of individuals who live together at the same address and share income and expenses.

_____ (5) I understand that my BARConnects lifeline service is non-transferable and I may not transfer my service to any individual including any other eligible low-income customer.

_____ (6) I will notify BARConnects within 30 days if I no longer qualify for lifeline. I understand this requirement and that I may be subject to penalties if I fail to notify BARConnects. Specifically, I will notify BARConnects if: 1) I cease to participate in the above federal or state program, or if my annual household income exceeds the income guidelines; 2) I am receiving more than one Lifeline service; or 3) I no longer satisfy the criteria for receiving Lifeline support.

_____ (7) I will notify BARConnects within 30 days of moving. Additionally, if my address listed above is a temporary address, I understand that I must verify my address with BARConnects every 90 days. If I fail to respond to BARConnects address verification attempts within 30 days, my Lifeline service may be terminated.

_____ (8) BARConnects has explained to me that I am required each year (or as requested) to recertify my continued eligibility for Lifeline. If I fail to do so within thirty (30) days, my BARConnects Lifeline service will be terminated.

_____ (9) I authorize and understand that BARConnects may provide to state and federal agencies, as required by law for the purpose of complying with the Lifeline program all of the information related to my account, including but not limited to my name, date of birth, social security number, address and phone number.

_____ (10) I understand that my telephone number, date of birth, last four digits of my social security number, and address will be divulged to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that I do not receive more than one Lifeline subsidy.

_____ (11) I understand that if USAC identifies that I am receiving more than one Lifeline subsidy, all carriers involved may be notified so that I may select one service and be de-enrolled from the other.

_____ (12) I have provided documentation of eligibility along with this application.

Applicant Signature

Date

I am an "Authorized Representative" for this customer and am submitting this form on behalf of this customer.

Print "Authorized Representative"

Name Signature (Authorized Rep.)

Daytime Phone Number

Date

Mail to: BARConnects LLC, 84 High Street, P.O. Box 264, Millboro, VA 24460-0264 or fax to 540-997-9011.

If you have any questions, please call BARConnects's Customer Service at 1-800-846-BARC (2272).

[illegible]

BARConnects, LLC

Line 4004a and 4004b – Rural Broadband Experiment Disclosures

The BARConnects network is not yet in service. BARConnects began receiving Rural Broadband Experiment support in November of 2015, and is currently in the process of finalizing its funding sources to begin construction of its network.

Once completed, the BARConnects network will provide service to 1500 new residential customers and 90 new commercial customers. As of the June 1 immediately preceding the filing of this Form 481, BARConnects has not provided broadband service to any new locations. BARConnects anticipates connecting 100 new residential customers with broadband service by the close of calendar year 2016.

Because BARConnects is not yet offering service, it cannot provide marketing materials that detail pricing, speed, and data usage allowances available. BARConnects will fully comply with its public service obligations once the BARConnect network begins construction and connection with customers.